Agency: Location: Number of enrolled patients: Anycity MIH Program Anycity , USA 1,600

		Input		Output	
ID	Measure	Description	Value	Goal	Result
Q1	Primary Care Utilization	Number of enrolled patients with an established PCP relationship upon graduation	1,450	Increase the number and percent of patients utilizing a Primary Care Provider (if none upon enrollment).	92.9%
	, many care connection	Number of enrolled patients without an established PCP relationship upon enrollment	1,560	{Higher Values Desirable}	32.3%
Q2	Medication Inventory	Number of medication inventories with issues identified and communicated to PCP	1,250	Increase the number and percent of medication inventories conducted with issues identified and communicated to PCP.	78.1%
42	incutation intention	Number of medication inventories completed	1,600	{Higher Values Desirable}	76.1%
Q3.1	Care Plan Developed	Number of patients who have an identified and documented plan of care with outcome goals established by a physician and facilitated by the CP	750	Increase the number and percent of patients who have an identified and documented plan of care with outcome goals established by a physician and facilitated by the CP.	46.9%
	Care i an actioned	All enrolled patients	1,600	{Higher Values Desirable}	465%
Q3.2	Care Plan Developed	Number of patients with a plan of care communicated by the patient's PCP	580	Increase the number and percent of patients who have an identified and documented plan of care with outcome goals established by the patient's PCP and facilitated by the CP.	36.3%
	Care i an actioned	All enrolled patients	1,600	(Higher Values Desirable)	33.0%
Q4	Provider Protocol Compliance	Number of plan of care deviations without medical direction support.	120	Eliminate plan of care deviations without specific medical direction supporting the deviation.	0.8%
Q4	Provider Protocol Configuration	All patient encounters/interventions	14,400	{Lower Values Desirable}	0.6/8
Q5	Unplanned Acute Care Utilization (e.g.:	Number of patients who require unplanned acute care related to the CP care plan within 24 hours after a CP intervention.	100	Minimize rate of patients who require unplanned acute care related to the CP care plan within 6 hours after a CP intervention.	0.7%
Q 3	emergency ambulance response, urgent ED visit)	All CP visits in which a referral to Acute Care was NOT recommended	13,400	{Lower Values Desirable}	0.778
Q6	Adverse Outcomes	Number of adverse events resulting from a CP intervention	1	Minimize adverse effects (harmful or undesired effects) resulting from a medication or other treatment related to CP intervention.	0.01%
Qo		All patient encounters/interventions	14,400	{Lower Values Desirable}	0.01%

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		Input		Output	
ID	Measure	Description	Value	Goal	Result
Q7	Community Resource Referral	Number of referrals to community resources (3 referrals for 1 patient = 3 referrals)	13,500	Increase portion of patients referred to community resources for reconciliation of immediate social, transportation and environmental hazards and risks.	108.00%
	,	Number of enrolled patients with an identified need	12,500	(Higher Values Desirable)	
Q8	Behavioral Health Services Referral	Number of patients with an established therapeutic relationship with behavioral health resources.	6,500	Increase portion of patients referred to a behavioral health professional for behavioral health intervention.	86.67%
ζ°	penavioral neathr services keletral	Number of enrolled patients with an identified need	7,500	{Higher Values Desirable}	80.0778
Q9	Case Management Referral	Number of patients with an established therapeutic relationship to case management resources	6,500	Increase portion of patients referred to case management services.	86.67%
3	Case Management Neterral	Number of enrolled patients with an identified need	7,500	{Higher Values Desirable}	33.0778
E1	Patient Satisfaction	Overall Score (out of max = 5)	4.8	Optimize patient satisfaction scores by intervention. (Higher Values Desirable)	4.8
E2	Patient Quality of Life	Overall Score on Enrollment	2.4	Improve patient self-reported quality of life scores.	75.0%
	Patient Quality of Life	Overall Score on Graduation	4.2	{Higher Values Desirable}	73.0%
U1	Ambulanca Transporte	Number of unplanned ambulance transports up to 12 months post-enrollment	1,750	Reduce rate of unplanned ambulance transports to an ED by enrolled patients.	E2 794
51	Ambulance Transports Number of unplanned ambulance transports up to	Number of unplanned ambulance transports up to 12 months pre-enrollment	3,700	{Higher Reduction Desirable}	-52.7%
U2	Hospital FD Vicite (00 dave)	ED visits up to 12 months post-graduation	1,975	Reduce rate of ED visits by enrolled patients by intervention.	-58.4%
52 	Hospital ED Visits (90 days)	ED visits up to 12 months pre-enrollment	4,750	{Higher Reduction Desirable}	-30.476
U3	All-cause Hospital Admissions	Number of hospital admissions up to 12 months post-graduation	460	Reduce rate of all-cause hospital admissions by enrolled patients by intervention	-70.5%

Number of enrolled patients:

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		Input		Output	
ID	Measure	Description	Value	Goal	Result
	en susue raspear rannonum	Number of hospital admissions up to 12 months pre-enrollment	1,560	{Higher Reduction Desirable}	70.570
U4	Number of actual 30-day readmissions Unplanned 30-day Hospital Readmissions Number of anticipated 30-day readmissions	20	Reduce rate of all-cause, unplanned, 30-day hospital readmissions by enrolled patients by intervention.	-81.0%	
		Number of anticipated 30-day readmissions	105	{Higher Reduction Desirable}	-01.0%
U5	Length of Stay	ALOS by DRG for enrolled patients at end of implementation year X	3	Reduce <u>Average Length of Stay</u> by enrolled patients by DRG.	-53.7%
	Lengul 01 Stay	ALOS by DRG for patients NOT enrolled at the end of implementation year X	5	{Higher Reduction Desirable}	-33.776

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		Input		Output		
ID	Measure	Description	Value	Goal	Result	
		Number of ambulance transports by enrolled patients 12 months post-graduation	1,750			
		Number of ambulance transports by enrolled patients 12 months pre-enrollment	3,700			
C1	Ambulance Transport Savings	Average payment per transport	\$421	Reduce Expenditures for unplanned ambulance transports to an ED pre and post enrollment or per event. {Higher Reduction Desirable}	\$464,700	
		Expenditure per CP patient contact	\$75			
		Number of CP patient contacts for enrolled patients.	4,750			
		Number of ED visits by enrolled patients 12 months post-graduation	460			
		Number of ED visits by enrolled patients 12 months pre-enrollment	1,975			
C2	Hospital ED Visit Savings (90 days)	Average payment per ED visits for enrolled patients	969	Reduce Expenditures for unplanned ED visits pre and post enrollment or per event. {Higher Reduction Desirable}	\$1,824,285	
		Expenditure per CP patient contact	\$75			
		Number of CP patient contacts for enrolled patients.	4,750			
		Number of hospital admissions by enrolled patients 12 months post-graduation	350			
		Number of hospital admissions by enrolled patients 12 months pre-enrollment.	975			
СЗ	All-cause Hospital Admission Savings	Average Payment per Hospital Admission	\$10,500	Reduce Expenditures for unplanned hospital admission pre and post enrollment or per event. [Higher Reduction Desirable]	-\$6,206,250	
		Expenditure per CP patient contact	\$75			

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	Input			Output		
ID	Measure	Description	Value	Goal	Result	
		Number of CP patient contacts for enrolled patients.	4,750			
C6	Total Expenditure Savings	Calculated savings for each enrollee (ATS+HEDS + (ACHAS or UHRS)+USNFS))		Total expenditure savings for all CP interventions	\$0.00	
Co	iotai experiulture savings	Calculated expenditure of the CP interventions for intervention per enrollee, including alternative sources of care expenditures		(Higher Value Desirable)	\$0.00	
C7	Total Cost of Care	Total cost of care for enrolled patients for 12 months post-enrollment		Reduce total healthcare expenditures for enrolled patients	\$0.00	
		Total cost of care for enrolled patients for 12 months pre-enrollment		(Higher Reduction Desirable)	Ç	
B1	Practitioner (EMS/MIH) Satisfaction	To be determined based on tools developed		Optimize practitioner satisfaction scores	0	
B2	Partner Satisfaction	To be determined based on tools developed		Optimize partner (healthcare, behavior health, public safety, community) satisfaction scores	0	
В3	Primary Care Provider (PCP) Use	Number of PCP visits during enrollment		Optimize number of PCP visits resulting from program referrals during enrollment.	0	
В4	Specialty Care Provider (SCP) Use	Number of SCP visits during enrollment		Optimize number of PCP visits resulting from program referrals during enrollment	0	
В5	Behavioral Care Provider (BCP) Use	Number of BCP visits during enrollment		Optimize number of BCP visits resulting from program referrals during enrollment	0	
В6	Social Service Provider (SSP) Use	Number of SSP visits during enrollment		Optimize number of SSP visits resulting from program referrals during enrollment	0	
		Number of ED visits post-enrollment				
В7	Emergency Department Capacity	Number of ED visits pre-enrollment		Decrease number of hours of ED bed utilization by CP patients during measurement period. [Higher Values Desirable]	0.00	
		Average door to disposition time for all ED patients				

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		Input		Output		
ID	Measure	Description	Value	Goal	Result	
В8	System Capacity - PCP	Number of patients referred to PCP services that were unable to receive PCP services due to lack of PCP capacity		Number and percent of patients unable to receive PCP services that they would otherwise be eligible to receive		
		Number of patients referred to PCP services		as a result of lack of PCP system capacity		
В9		Number of patients referred to SCP services that were unable to receive SCP services due to lack of SCP capacity		Number and percent of patients unable to receive SCP services that they would otherwise be eligible to receive		
		Number of patients referred to SCP services		as a result of lack of SCP system capacity		
B10	Number of patients referred to BCP services that were unable to receive BCP services due to lack of BCP capacity System Capacity - BCP Number of patients referred to BCP services		Number and percent of patients unable to receive BCP services that they would otherwise be eligible to receive			
510		Number of patients referred to BCP services		as a result of lack of BCP system capacity		
B11	Number of patients referred to SSP services that were unable to receive SSP services due to lack of SSP capacity System Capacity - SSP Number of patients referred to SSP services		Number and percent of patients unable to receive SSP services that they would otherwise be eligible to receive			
811			as a result of lack of SSP system capacity			